

State of Arizona  
Department of Revenue  
Withholding Tax Information Authorization

MAIL TO:  
ARIZONA DEPARTMENT OF REVENUE  
1600 W MONROE  
PHOENIX AZ 85007

**1. Taxpayer Information. Taxpayer must sign and date this form on line 5.**

Taxpayer name		Daytime telephone number (     )	Arizona withholding tax number	
Address			Federal employer identification number	
City	State	ZIP code	Social security number	

**2. Appointee**

Name and address _____ _____ _____	ID number _____  Telephone number (     ) _____  Fax number (     ) _____
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**3. Authorization**

The appointee is authorized to inspect and/or receive confidential Arizona withholding tax information for the following tax year(s) or period(s):

**4. Retention/Revocation of Withholding Tax Information Authorization**

This withholding tax information authorization automatically revokes all earlier tax information authorizations on file with the Arizona Department of Revenue for the same years or periods covered by this document. If you do not want to revoke a prior tax information authorization, check this box ..... ☐

**You MUST attach a copy of any tax information authorization you want to remain in effect.**

**5. Signature of or for Taxpayer**

I hereby certify that the Director of Revenue, State of Arizona, is authorized to release any and all Arizona withholding tax information in department files concerning the undersigned taxpayer and relieve said Director, or department representative, of any liability whatsoever for releasing such withholding tax information to the appointee specified by this withholding tax information authorization. If signed by a corporate officer or partner, I certify that I have the authority to execute this withholding tax information authorization on behalf of the taxpayer(s).

**If this withholding tax information authorization is not signed, it will be returned.**

_____ (Signature)	_____ (Title, if applicable)	_____ (Date)
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\_\_\_\_\_  
Print Name

_____ (Signature)	_____ (Title, if applicable)	_____ (Date)
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\_\_\_\_\_  
Print Name